

Health Insurance Application Form

1 Health Scheme Details

Group Name/Employer (if applicable)

Intermediary Name (if applicable)

Quote Number (if applicable)

2 Personal Details

Title First Names Surname

PPS Number Gender Date of birth D M Y

Address

Telephone Numbers Home Mobile Email

Date you wish to commence cover D M Y

You must include your PPS number and your dependants PPS numbers in the section below in order to avail of tax relief at source on your premiums

3 Previous Health Insurance Details

Please complete this section where applicable. This information is used to ensure continuity of cover and prompt claim settlement for you and your dependants

Previous Health Insurer Previous Level of Cover

Last Renewal Date D M Y Previous Policy Number

Have you, or any of your dependants had a break in health insurance cover of more than 13 weeks in the last 10 years?

If yes, please include details on a separate sheet of paper

Please note that if this is the first time you are buying health insurance, if you are increasing the level of your cover, or you have a pre-existing condition, certain exclusion periods may apply before you can make a claim.

4 Plan and Level of Cover Required

5 Dependants

1 First Name Surname Date of Birth D M Y

Relationship (e.g. Spouse/Child) Gender PPS Number

Tick if full time student between age 18 and 20 Last Renewal Date D M Y Previous Insurer

Previous Plan Previous Policy Number

2 First Name Surname Date of Birth D M Y

Relationship (e.g. Spouse/Child) Gender PPS Number

Tick if full time student between age 18 and 20 Last Renewal Date D M Y Previous Insurer

Previous Plan Previous Policy Number

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Previous Plan Previous Policy Number